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ABSTRACT

The final report details activities, goals, and objectives of a 3-year federally funded project to develop a post-master's internship training program for therapeutic recreation consultants. Described are the development of a training module package, job development activities, intern training programs, and Project Advisory Committee activities. Activities of six interns are summarized. A final section presents observations, conclusions (regarding consultation, the training prototype, interns, and job development), and recommendations (concerning the consultant role and professional preparation and consultation competencies). (CL)

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FINAL REPORT

Development and Implementation of a Post-master's Level Internship Training Program to Prepare Therapeutic Recreation Consultant Personnel

(Grant OEG-0-74-2087)

ED163717

submitted to

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May 31, 1977

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This report was prepared by Judith E. Goldstein, Project Coordinator

SECTION I:
STATEMENT OF NEED AND OBJECTIVES

Need

The National Recreation and Park Association's original request for three-year funding to support the development of a post-master's internship training program to prepare personnel as consultants in the therapeutic recreation field was based upon the following considerations:

- The Division of Personnel Preparation's concern for more effective preparation of therapeutic recreation personnel as evidenced by the Program Assistance Grants provided to academic institutions to support the creation or continuation of four-year and graduate programs in therapeutic recreation; funding for the 1969-70 regional conference series on state level planning for special education, recreation, and physical education; support of the 1973 publication Guidelines for Professional Preparation Programs for Personnel Involved in Physical Education and Recreation for the Handicapped; and general interest in development country.

- The emergence of the therapeutic recreation consultant role in the delivery of leisure services to handicapped populations and the need to prepare individuals to assume this role.

- The needs and problems of jurisdictions and large regional areas in relation to leisure service delivery to handicapped populations.

- Significant trends affecting service delivery and manpower utilization, including: increased demand for accountability in service delivery; growing need for community-based programs due to mainstreaming, deinstitutionalization, and normalization practices; growing advocacy efforts in behalf of handicapped populations; increased use of the team approach to treatment, rehabilitation, and habilitation of handicapped populations; and decentralization of services.

- Perceived lack of knowledge and skills on the part of many direct service personnel in therapeutic recreation to successfully deal with activities related to legislation, grantsmanship, resource development, and the like.

- Need to find alternative approaches to existing manpower utilization patterns due to low funding levels for therapeutic recreation and the resultant inability of many agencies and institutions to employ the caliber and number of personnel needed for responsive service delivery.

It was proposed that therapeutic recreation consultants would eventually bring to the service delivery system skills and knowledge to complement and supplement those of direct service personnel and administrators and (1) enable more responsive direct service and (2) enhance the profession's ability to meet pressing indirect service needs. It was also proposed that the cost-effectiveness of many types of service delivery would be increased if a consultant were to serve a large geographic area or jurisdiction (e.g., group training for personnel, resources for use by many staffs, etc.).

The proposed project related in various ways to the Bureau's program priorities at the time: preparation of personnel to serve the severely and multihandicapped; preparation of personnel to serve handicapped children where large needs still exist, e.g., seriously emotionally disturbed; selection of trainees from general education personnel surplus; recruitment of personnel from minority groups; programs which prepare personnel for national and regional needs; programs which stress the preparation of personnel to function in career or vocational education agencies and institutions of higher education.

Objectives

Immediate and long-range objectives as stated in the original funding request follow:

Immediate Objectives. Objectives which were to guide the conduct and operation of the program in the initial planning year:

1a. to conduct a nationwide survey of practicing consultants in therapeutic recreation service to determine the current service delivery to agencies, organizations, and institutions serving handicapped children and to identify professional preparation backgrounds of consultants and their roles, functions, and tasks.

1b. to identify and establish contact with key personnel at the state level, in national associations providing recreation programs and services for handicapped children, Cooperative Extension Service offices, federal government agencies and commissions serving handicapped children, and state park and recreation societies in order to begin an assessment of the supply of and demand for therapeutic recreation consultation services for handicapped children.

1c. to identify ways in which the NRPA professional branches, divi ions and Regional Service Centers may increase their involvement in improving the quality of life for handicapped children through therapeutic recreation services and programs.

1d. to employ four post-masters level interns at the NRPA National Headquarters Office to assist in planning the internship program and to undertake a variety of consultant tasks in the area of therapeutic recreation service.

1e. to develop the internship program for implementation during the second project year.

Objectives for the second year:

2a. to implement the first year of the internship training program, utilizing eight interns placed at selected experience base sites throughout the nation, each for a period of approximately six months.

2b. to increase communication and information sharing between the NRPA National Headquarters Office and key individuals and agencies in service to handicapped children through the provision of recreation and leisure-related programs and services.

2c. to provide the BEH with periodic reports outlining the progress of the training program and significant information which may be utilized to direct future BEH funding of training programs.

2d. to begin the development of a prototype internship training program manual and related materials which will have utility to college and university master's and post-master's degree programs, particularly in the areas of physical education and recreation for the handicapped.

2e. to develop a paper on the state-of-the art in consultation in therapeutic recreation for handicapped children.

Objectives for the third year:

3a. to continue the development and expansion of the training program, utilizing ten interns placed at selected state or national experience base sites and at the NRPA National Headquarters Office for a period of six months each.

3b. to complete the development of the prototype internship training program in therapeutic recreation consultation for handicapped children.

3c. to complete the development of a manual on consultation for therapeutic recreation for handicapped children.

3d. to complete the development of a rationale statement and standards for employing therapeutic recreation consultants at the state and regional level and at regional offices of national agencies and organizations, including, but not limited to, those of the NRPA.

3e. to complete the preparation of a state-of-the art paper on consultation in therapeutic recreation for handicapped children.

3f. to develop a strategy for the continuation of the concept of this project or related projects at national, regional and state levels.

3g. to prepare a final report on the three-year project, including proposed dissemination of project materials, next steps, and an approach for sustaining the communications network developed during the project period.

3h. to have trained by the end of the third year no less than 20 individuals who will enter the field and provide services to handicapped children and who will have the capability of providing decentralized training of others interested in therapeutic recreation consultation work.

Long-Range Goals and Objectives. The following represent some of the realistic and relatively attainable goals and objectives which may be realized beyond the first three years of the proposed project:

4a. to firmly establish the role of the consultant in therapeutic recreation for handicapped children as a justified and much needed service capability.

4b. to have employed, as permanent staff, therapeutic recreation consultants at the state level in a number of states and at the national level with a number of agencies and organization whose objectives include services to handicapped children.

4c. to devise a plan for employing a therapeutic recreation consultant at each of the NRPA Regional Service Centers.

4d. to increase the quality and breadth of experience of college and university therapeutic recreation progessional preparation programs and intership experiences in relation to competencies required of personnel in a consultant role.

4e. to upgrade and expand therapeutic recreation programs for handicapped children in general and thereby improve the quality of life for this population.

4f. to strengthen the advocacy role of therapeutic recreation personnel for handicapped children.

4g. to further establish the National Recreation and Park Association and the National Therapeutic Recreation Society as significant change agents in the therapeutic recreation field.

4h. to further successful integration of handicapped children into recreation programs for "normal" children.

4i. to establish under the National Therapeutic Recreation Society's Professional Education Committee a unit specifically focusing upon the preparation of therapeutic recreation consultants who specialize in programs and services for handicapped children and to establish as a separate category the "Therapeu-

tic Recreation Consultant" in the voluntary registration program of the NTRS, with appropriate standards and qualifications.

Realization of Objectives

The following discussion relates to the first-, second-, and third-year objectives as set forth in the initial proposal to BEH and reflects modifications made during the project period. For convenience, objectives are clustered. The numbers refer to the objectives listed in this section.

• Survey of Consultants and Assessment of Need (1a, 1b): The survey was conducted during the first project year as planned, and results were included in the continuation proposal submitted to BEH for third-year funding. During the course of the project, staff were also able to obtain information about the need for and availability of therapeutic recreation consultation services by way of informal discussions with therapeutic recreation personnel and job development efforts.

• Employment of Interns (1d, 1e, 2a, 3a, 3h): Seven interns were employed during the three-year period. Project staff discussions with the BEH project monitor and advisory committee addressed the need to assure a quality intern experience of sufficient duration to facilitate service and skill building. Because of this imperative and reductions in project budgets necessitated as a result of negotiations with BEH, the number of interns initially proposed (20) was reduced to seven--one for the first year and three for the second and third years. The wisdom of this decision became apparent to all concerned as the project progressed.

• Reports to BEH (2c, 3g): In addition to the progress reports included in the continuation requests, project staff kept the project monitor informed of developments and consulted with him as necessary during the course of the project. This document represents the final report.

• Deliverables (2d, 2e, 3b, 3c, 3d, 3e): As initially proposed, the products to result from the project included: the training prototype (manual and related materials); a paper on the state-of-the-art in consultation in therapeutic recreation for handicapped children; and rationale statement and standards for employing therapeutic recreation consultants. The training prototype (module package) addresses the state-of-the-art. (The article prepared by the project coordinator for Expanding Horizons IV, proceedings of the 1976 Midwest Therapeutic Recreation Symposium, also addresses the state-of-the-art of consultation in therapeutic recreation in situations other than extended care facilities.) The rationale statement for employing consultants is also addressed in the prototype as well as in the publication Consultation: Enhancing Leisure Services for Handicapped Children and Youth. Guidelines rather than standards for employing consultants will be included in the module package.

Additional deliverables were added during the project period: the guidelines booklet for conducting manpower assessments; the manual for therapeutic recreation consultation in the U.S. Cooperative Extension Service; a manual on therapeutic recreation careers developed by Jessyna Upshaw, Tom Barber, and Phyllis Coyne, third-year interns, to be pub-

lished by the Extension unit at the University of Missouri; and the major publication, Consultation: Enhancing Leisure Service Delivery to Handicapped Children and Youth.

• Increased Communication (1c, 2b): One of the objectives referred specifically to the National Recreation and Park Association, its branches, and Regional Service Centers and their efforts to increase service delivery to handicapped children and youth. As much as possible, project staff have worked with the NRPA liaison to the National Therapeutic Recreation Society and other NRPA personnel to increase their understanding of the needs of special populations, including children and youth. One major commitment evidenced during the project period was the involvement of NRPA in the White House Conference on Handicapped Individuals. Second year interns laid some of the groundwork for the Association's involvement. The NRPA Service Center Directors received copies of all project deliverables. It is hoped that the information will assist them in their future work.

Another objective focused on communication links between NRPA headquarters and individuals and agencies providing recreation services to handicapped children and youth. Contacts were made with personnel during job development efforts and routine correspondence. However, the Association currently has only one individual directly responsible for responding to the concerns of handicapped populations--the liaison to the National Therapeutic Recreation Society--and her time is heavily burdened. Although other staff are aware of the need to concern themselves with this issue, there is little in the way of reinforcement to do so. However, the individual who is responsible for the physical arrangements for all NRPA conferences is a valuable advocate. She has become deeply aware of accessibility needs of disabled persons and has been creating awareness on the part of representatives of hotel and motel chains and related establishments of the need to renovate existing facilities and strive for barrier free design when new facilities are constructed. Additionally, there is monitoring of legislation which affects service delivery to handicapped populations; several members of the NRPA staff have presented testimony.

• Continuation of the Project Concept (3f): A discussion of considerations involved in continuing the project concept in the future is included in the recommendations and conclusions section of this report.

One objective relating to job development was added during the project period. It is discussed in Section II: Summary of Activities By Project Component.

The long-range goals and objectives will be addressed in the recomendations and conclusions section of this report.

A SUMMARY OF ACTIVITIES BY PROJECT COMPONENT

This section summarizes activities, with emphasis on developments occurring during the last one and one-half years of the project.

A. Training Module Package

The training module package, delivered with this final report, is intended to provide a direction for instruction at the master's level in degree programs which offer a specialization in therapeutic recreation. It represents a structure within which to organize and present didactic and practical learning experiences which will enable students to gain the skills, knowledge, and attitudes which are basic to successful consultation to agencies, organizations, and institutions providing (or concerned with) leisure services and handicapped children and youth.

The module focus areas were approved by the Project Advisory Committee. They include:

- Grantsmanship
- The Research Process
- The Report Preparation Process
- Education and Training
- The Communication Process
- The Consultation Process
- The Legislative Process
- Information Resources: Development and Utilization
- Fund Development
- Citizen Involvement (Participation)
- Organizational Systems
- The Evaluation Process

Their relevance to job performance requirements is supported by:

- The nature of the skills needed for the activities undertaken by the interns at the field placement sites
- Conversations with therapeutic recreation personnel whose information needs and problems in service delivery relate to the areas in focus
- Consultation tasks performed by consultants in other fields
- The observed discrepancy between skills and information required by direct service personnel in therapeutic recreation and the actual ability of these individuals to meet some of the needs in their primary work environment and in state and national arenas.

The training prototype is one means of making information on aspects of the consultation process available to degree programs and to create awareness on the part of instructors and academic administrators of the need to refocus curriculum to reflect the changing nature of therapeutic recreation service delivery and the "survival" skills which are needed by grassroots personnel as well as consultants.

A more detailed discussion of the modules is included in the package itself.

In the proposal submitted to BEH for third-year funding, project staff proposed the conduct of two training workshops for academic institutions interested in implementing the training prototype. In light of the following considerations, the decision was made not to schedule these workshops:

- Because no funds were allocated in the project budget to defray expenses of participants, doubt existed as to whether the number of individuals able to attend would justify the expense and time involved to schedule the workshops.

- There are many therapeutic recreation workshops and conferences competing for participants; sometimes two or three are scheduled during one month. Because of the specificity of the proposed project workshops, project staff doubted whether academic institutions would opt to invest money to travel to them instead of more general meetings. Additionally, it was difficult to select a suitable time to increase the probability that invitees would attend.

- Project staff determined that academic institutions would not need an orientation meeting in order to implement the prototype. The important concerns and cautions would be available to educators and administrators in the module package and related materials. Although the prototype organizes content in a new way, it can be implemented in accustomed fashion.

B. Job Development

One component of the 1976-77 project year was to develop new consultant positions, make people aware of the roles and functions of consultants in the models under examination, and provide facilitating assistance as necessary. The following discussion highlights activities in this component.

During all job development efforts, the project coordinator tried to establish connections with personnel at the intern field placement sites and share as much information about national developments as possible.

1. May 1977 Meeting: Area Learning Resource Center/Regional Resource Center, University of Oregon, Eugene

At the suggestion of Dr. Steve Branna, Professor of Special Education, Portland State University, the project coodinator arranged a meet-

ing with Dr. Wayne Lance of the ALRC in Eugene, Oregon to share ideas and present an overview of the project. Objective: stimulate awareness of the therapeutic recreation consultant role and generate interest in employing a therapeutic recreation specialist to serve the ALRC/RRC network (in whatever structure exists as a result of the recent/or impending RFP from BEH).

Dr. Brannan had had previous conversations with Alan Reeder at the ALRC/RRC office about leisure education. For that reason, Dr. Brannan felt the opportunity was ripe for further discussions.

Dr. Lance assembled about 12 staff for what evolved into a 1½ hour discussion. The project coordinator reviewed the project philosophy, rationale, and objectives and discussed the ways in which a therapeutic recreation specialist might facilitate articulation of the special education system and recreation service delivery system. Open discussion followed.

Interest in leisure education and recreation is apparent in the Oregon ALRC/RRC. They don't necessarily have to be "sold" to a great degree and appear interested in articulation with therapeutic recreation and community recreation. However, several significant issues surfaced at the meeting.

- The therapeutic recreation and general recreation literature does not appear to be adequately reflected in the special education information network. (A confirmation of this observation occurred in another setting when a search of the ERIC system for research on arts and the handicapped did not yield references to related research in therapeutic recreation which appears in The Therapeutic Recreation Journal.) Therefore, no matter how interested special educators may be in recreation, they do not have easy access to appropriate information, nor do they know in many instances where to get it. This situation does not facilitate cooperation and interdisciplinary teaming. It also means that special education students in higher education will probably not come across the therapeutic recreation literature in the course of their studies.

- The project coordinator acknowledged the difficulties which teachers must be facing as they receive a variety of curricula to implement (e.g., leisure education, career education, arts education, environmental education.) Some of the participants agreed that it is difficult to interweave elements of a variety of curricula, especially when they (the teachers) are not experts or sufficiently knowledgeable about a particular focus. They said they would welcome outside assistance from therapeutic recreation or community recreation personnel to address leisure and recreation.

- Awareness of and attitude toward leisure and recreation are also concerns. It is important to expand the horizons of many policy makers at education agencies concerning what constitutes valid concerns in education. It is generally inadvisable for teachers to deviate from teaching guidelines, which often means that dealing with leisure skills, values, and attitudes is difficult or impossible.

The overall tone of the meeting seemed positive. Interest was expressed in obtaining resources and contacts in recreation. The project coordinator mailed select materials to Dr. Lance.

(NOTE: Dave Park is currently devoting a portion of his time to the RRC at The George Washington University, Washington, D.C. He is the only therapeutic recreation representative in this capacity. For the past year he has been establishing credibility and attempting to create requests for therapeutic recreation from education agencies.

To date, most of his involvement has centered around adaptive physical education, although there is emerging interest in therapeutic recreation and leisure education. Mr. Park's involvement sets a precedent. Perhaps the work he has done will facilitate the eventual creation of full-time therapeutic recreation positions on the RRC team, especially in light of P.L. 94-142. What follows is a summary of a conversation between project coordinator and Mr. Park.

The GWU RRC proposed to the region's advisory board (directors of special education) that a regional conference be held to review the implications of P.L. 94-142 for PE/R. Four persons were invited from each state in the region: state director (SEA); state director of PE; representative from the state recreation office (if one existed); and the coordinator of the Learning Resource System.

The one-day conference addressed P.L. 94-142 (Chasey, Ellis, and a member of the NASDSE) and the I CAN program (Wessell) as a model of meeting the PE/R needs of handicapped children. An hour was devoted to discussion among state personnel about the issues; they made recommendations for state action.

As a result of the meeting, the following have taken place or will occur. For many states, the meeting was the first opportunity for PE/R articulation.

District of Columbia. The DC people recommended that one of their workshop series for special educators be devoted to PE/R and perceptual-motor skills. The workshop was held for one day in mid-April at the new recreation center for the handicapped within the DC municipal recreation department. There was a good mix of special educators, PE teachers, and recreators. The workshop provided a good way of laying a foundation for articulation and cooperation.

Maryland. Garrett County requested assistance with its PE program and summer recreation program. The SEA approved RRC consultation. An adapted PE professional will probably be brought to handle one facet. Park plans to conduct a one-day workshop for teachers who will be serving as staff of the summer recreation program.

Delaware. Community recreation personnel, SEA staff, and PE directors became acquainted for the first time. It was recommended that these individuals work together. Some regional workshops are proposed for the fall in PE to involve community recreators.

North Carolina. A member of the state recreation office attended. No one from special education or PE knew of his existence prior to the meeting.

Virginia. The PE director said help was needed across the state. A technical assistance agreement is being reviewed with the RRC to develop a guidelines book for use in Virginia on PE for handicapped children. It will address philosophy, P.L. 94-142, programming techniques for different disabilities, equipment, resources, and adaptations. To be published by the SEA and PE/Special Education.

West Virginia. Not much happening.

Kentucky. No representative at the conference.)

2. Presentation at the May 1977 NRPA Pacific Northwest District Conference, Eugene, Oregon

The project coordinator requested a slot on the program to disseminate information about the project. Approximately 60 people attended. In addition to discussing the project and the roles of a therapeutic recreation consultant and the direct and indirect benefits to be accrued, she provided details of new legislation, national projects underway, and other information. She encouraged everyone to begin generating interest in consultant positions.

Subsequent discussions with a few colleagues in the audience revealed that it appeared that many delegates had no awareness of events and developments outside their immediate locale or state because of their puzzled expressions at the beginning of the presentation. These colleagues reaffirmed a basic observation made by many in therapeutic recreation: Information is not getting to those who should know. Why?

Several delegates stayed to talk--they had questions about many things and wanted information forwarded to them. Handouts included a bibliography on consultation and accessibility.

3. 1977 Midwest Therapeutic Recreation Symposium Rock Island, Illinois

The project coordinator shared a session with other BEH project personnel. She presented a general overview of the project and enlisted

the aid of delegates to begin generating interest in creating consultant positions. A small group remained for a discussion session, at which time it became evident, once again, that there is a serious information gap in the field. One individual who consults with nursing homes mentioned that a directory of consultants would be a good resource. Unfortunately, neither project funds nor time permitted the development of this resource by project staff.

4. Holyoke, Massachusetts Conference on Leisure Services for Disabled Persons, February, 1977

In 1976, the project coordinator received a letter from a therapeutic recreation specialist at Northampton State Hospital in Massachusetts inquiring whether the hospital could be considered as an intern placement site. The correspondence which followed evolved into a proposed visit by the project coordinator to meet with administrators and direct service personnel from several agencies to discuss the roles and functions of a therapeutic recreation consultant. This trip did not materialize because the project coordinator was not satisfied with the advance preparation. However, the project coordinator agreed to assist several individuals in Western Massachusetts plan a two-day conference (the first of its kind in Western Massachusetts) to provide information and lay the foundation for establishing a mechanism to improve leisure service delivery to disabled persons in a four-county region. (The conference replaced the site visit.) The project coordinator delivered the keynote address and shared information on national developments and the project during a session on consultation.

Delegates represented the public schools, government, higher education, therapeutic recreation, occupational therapy, physical therapy, mental health, and medicine. Handouts included materials on leisure services, accessibility, and related topics. The project coordinator was interviewed by a local TV station. The interview reached communities in Western Massachusetts.

5. Meeting with U.S. Cooperative Extension Service Personnel, Columbia, Missouri, January, 1977

During the second project year, a meeting was scheduled to acquaint Extension personnel in select states with the role of a therapeutic recreation specialist on the Extension team, as exemplified by the service model at the University of Missouri-Columbia, and stimulate interest in other states to create this type of position. The original plan was disbanded because only two individuals were able to attend, and project staff did not believe the investment of time and project funds would be justified.

The meeting was rescheduled after further discussions with Karl Munson of Extension headquarters staff in Washington. Dr. Munson has been supportive of project efforts to stimulate new Extension positions for therapeutic recreation personnel. It appears that he sees the need to provide a human service balance to the traditional natural resources

focus of Extension work, and he is pleased with the program provided in Missouri.

Personnel from the Extension Service in Minnesota and Iowa attended the one-day meeting. Several other states were unable to send representatives. (The states invited were suggested by Munson in light of his assessment of the readiness of personnel to listen and demonstrated interest in the therapeutic recreation specialist role.) Jerry Hitzhusen, member of the Project Advisory Committee and supervisor at one of the intern field placement sites, took major responsibility for arranging the day's activities and setting up meetings with Extension staff and faculty of the Department of Recreation and Park Administration. Karl Munson joined the group for the day.

The meeting accomplished its objective. Visiting Extension personnel had a "hands on" experience and were able to meet the people involved, see the materials developed, and become familar with the philosophy of cooperation which enables the focus and scope of direct and indirect therapeutic recreation service delivery through Extension.

Karl Munson has been advised that once the project terminates, he must take greater responsibility for promoting the therapeutic recreation service component of Extension. It is hoped that he will do so, since Extension offers a substantial job market for therapeutic recreation consultants. Some of the major obstacles to creating new positions are: lack of awareness of the needs of handicapped individuals; priorities which do not include attention to human service to a great degree; difficulty establishing new positions in general.

Special Project. Jerry Hitzhusen has prepared a manual on therapeutic recreation service for Extension personnel which will assist future efforts to stimulate new Extension positions. Copies will be made available to Karl Munson. Hitzhusen will distribute copies to Extension personnel throughout Missouri to improve Extension's ability to meet the needs of special populations. (A copy of the manual is included with the deliverables resulting from this project. Project funds were used to defray part of the cost of developing the manual since it has utility to achieve project objectives.)

6. Meeting with Personnel from the Washington State Bureau of Developmental Disabilities, Seattle, Washington, September, 1976

In August 1976 a member of the NRPA staff forwarded a letter to the project coordinator from a recreation specialist from the Bureau of Developmental Disabilities (BDD), Community Services Division, Department of Social and Health Services in Washington State. The recreation specialist expressed an interest in using the regional offices of the BDD as placement sites for therapeutic recreation students. As a result of correspondence and telephone contact, the project coordinator met with several of the regional recreation specialists following attendance at the Oregon meeting of the National Consortium on Physical Education and Recreation for the Handicapped.

The regional offices of the BDD include recreation specialists, social workers, nurses, psychologists, and vocational personnel. The network was created to assist deinstitutionalized developmentally disabled persons in community living. Staff function as consultants.

The project coordinator reinforced the work of the recreation personnel, provided some new information, and sent a letter to the director of the Bureau outlining the project and supporting the work of the regional staff. The BDD appears to be a possible intern field site for academic institutions wishing to implement the training prototype.

(The project coordinator had additional contact with one of the participants in the Seattle meeting at the 1977 NRPA Pacific Northwest District Conference. She expressed her support of the project and appreciated the assistance provided by the project coordinator.)

7. Meeting with Dr. Steve Brannan and Representatives of Helping Professions in Portland, Oregon Area, September, 1976

The project coordinator arranged to meet with Dr. Brannan and human service personnel following the Seattle meeting. Occupational therapy, therapeutic recreation, community recreation and educators were represented.

The project was discussed, ideas and concerns were shared, and new information was provided.

8. Meeting with the Program Manager, Licensing and Certification Program, California Department of Health, Sacramento, California, April 1976

The project coordinator provided assistance and information at the request of Patricia Lawrence, director of the therapeutic recreation section of the California Park and Recreation Society. Ms. Lawrence was working to create a full-time consultant position for a therapeutic recreator within the California Department of Health, Services Approval Section. She inquired of project staff whether a project intern could be placed in that unit as a way of demonstrating the functions of a therapeutic recreation consultant and laying the foundation for a new position.

Although it was not possible to place an intern in that unit, the project coordinator agreed to meet with the program manager of the Licensing and Certification Program to discuss how a therapeutic recreation specialist could assist Services Approval Section staff to improve the nature of leisure services in state-supported health care facilities. The program manager was interested in employing an individual with expertise in a field other than occupational therapy to work with the consultant team to assure health quality through (1) certification of services in licensed facilities in concert with community need and availability; (2) certification of services for participation in and reimbursement by publicly funded programs; (3) conducting studies of community

need for services; (4) consulting with health facilities staff to upgrade patient care and patient care evaluation; (5) developing and testing new and improved methods for providing health care and dependency care.

She also met with the executive director of the California Recreation and Park Society to discuss the background of this job development effort. (The project coordinator learned later that internal changes within the unit in focus nullified all efforts to create a new position and that a new thrust had to be initiated.)

9. Summary of Other Efforts Directed Toward Job Development

• Information and assistance was provided to Mike Lopes, recreation specialist, Office of Recreation and Leisure Services, Maryland Department of Natural Resources. Mr. Lopes was trying to create a full-time therapeutic recreation position to meet the needs of special populations in Maryland. Harry Hunter, Chief of the Office of Recreation and Leisure Services, became interested in this service role as a result of Mr. Lopes' efforts. The position descriptions from Missouri, Georgia, and Virginia were used. No position has yet been created.

• Dean Zoerink, 1975-76 project intern, provided information to the director of the park and recreation planning division, Missouri Department of Natural Resources to stimulate interest in creating a full-time therapeutic recreation position to meet state needs.

• General awareness discussions were held with therapeutic recreation personnel about the benefits of consultative services in the models being considered by the project.

• Discussion of consultation and the project took place at the 1976 Midwest Symposium (interns also presented a session). Interns presented an information sharing session on grants, legislation, and resources at the 1977 Midwest Therapeutic Recreation Symposium and the 1977 NRPA Southern District Conference and discussed the consultant role.

• An article was prepared by the project coordinator for the proceedings of the 1976 Therapeutic Recreation Midwest Symposium (Expanding Horizons IV). It details the project, explains the consultation models in focus, and illustrates some of the functions and benefits of consultation in therapeutic recreation. A copy of the article is submitted with this report.

• Project staff undertook the development of a major resource publication for use in recreation education. The publication was also viewed as a major contribution to the literature and an appropriate vehicle for creating awareness of therapeutic recreation consultation in several settings.

Five articles were commissioned on: (1) the consultant-consultee relationship; (2) advocacy; and consultation in (3) institutions, (4) public schools, and (5) municipal leisure service delivery systems.

Consultation--Enhancing Leisure Service Delivery to Handicapped Children and Youth will also include: (1) a discussion of the project; (2) bibliographies on grantsmanship, accessibility, and consultation; (3) list of terms in special education (excerpted from a report of an Oregon conference on arts and the handicapped funded by the Oregon ALRC; (4) and a glossary of grantsmanship terms and a short overview of the grantsmanship process. (Copies of the book are included in the deliverables.)

10. Manpower Survey

Also proposed within the Job Development component was the conduct of a national manpower assessment of current and projected therapeutic recreation personnel to provide data which would shed light on therapeutic recreation consultation needs. This survey was not undertaken. The following point trace the steps which led to the decision to choose an alternate approach:

a. Project Advisory Committee members agreed that it would be advisable to limit the assessment to states in which academic institutions were receiving BEH Program Assistant Grants in therapeutic recreation and limit the target population to agencies and institutions serving handicapped children and youth. Therefore, a select state survey would replace the proposed national survey. In light of these decisions, the data would fall short of accomplishing the objective in the third-year proposal. However, the survey would yield a data base and provide an approach for replication in other states.

b. Project staff discussed the desirability of pursuing this approach and the ultimate utility of the information in relation to the investment of project funds and personnel time. It was determined that a more appropriate and useful activity would be the preparation of a manual to assist therapeutic recreation personnel, state departments, and/or academic institutions to conduct manpower assessments in their states.

c. The project director met with the BEH Project monitor to discuss the new focus. Agreement was reached that development of guidelines--including a discussion of potential problem areas, effective proceedures, etc.--for a manpower assessment would be an acceptable undertaking.

d. The project director coordinated the development of the guidelines booklet. He enlisted the aid of Gordon Howard (who had conducted a similar survey) to develop a sample survey instrument, using as models instruments used in Illinois and the District of Columbia, and at NRPA. As a result of conversations with individuals who had conducted manpower surveys, he compiled the information for the guidelines publication. It is hoped that the existence of this guide will stimulate much-needed manpower assessments in states across the country.

Copies of the publication are included with the deliverables of this project.

C. Intern Training

1. Interns/Intern Selection--Third Project Year

Three interns participated in the program from August 1976 through May 1977, rather than the four proposed in the third-year continuation proposal submitted to BEH. (The reduction occurred as a result of budget negotiations which resulted in budget cuts before approval was granted for third-year activities.)

The selection process was altered to allow interviews with all applicants meeting selection criteria, instead of just those applicants ranked highest after the review of credentials. The project coordinator either scheduled interviews at conferences or tied interviews to project related trips. In one instance she made a one-day trip to St. Louis and interviewed four individuals from that region.

It appeared that applicants for the final training phase were more qualified and mature than those of previous years. Although the number of applicants was smaller, there were 10 individuals who were rated favorably by the review committee. About five applicants did not meet the criteria. Sixteen qualified for interviews.

2. Field Placements--Third Project Year

After discussions with the second-year interns and advisory committee, it was decided to use the second-year sites again because the site supervisors were experienced, had gained an understanding of the process, and were willing and able to participate for another year. Project staff were generally pleased with the sites during the second year.

In light of feedback from the interns and supervisors, a few modifications were made in the field placement phase:

- The NRPA-phase was reduced from four months to two months, and the interns received more concentrated experiences; the field-phase was increased from six months to eight months to allow more extensive experience and facilitate the integration of the interns into the site's work pattern. (This modification was successful.) During the two months at NRPA, the interns were able to accomplish short-term projects, visit facilities and programs in the metropolitan Washington area, meet with government officials, attend Congressional hearings, gather resource materials, and hold group meetings with NRPA staff and outside consultants. The extension of the field placement period allowed a more complete orientation to the site, greater involvement in consultative activities, and more in-depth professional and personal growth.

- During the second project year, interns selected the preferred site on the basis of the site profiles and discussions with project staff. Each intern made a pre-placement visitation. All interns accepted the first choice. For the third project year, project staff decided to bring all site supervisors to NRPA for a meeting with the three interns. The interns were

able to meet with representatives from all sites and find answers to their questions. The supervisors were able to get a feeling for all the interns. Together they reached agreement about who would be placed where.

3. Site Supervisor/Project Staff Evaluation Meeting

All site supervisors were brought to the NRPA offices during the summer of 1976 to discuss the 1975-76 internship period and determine whether modifications in the procedures were in order. In general, all parties were pleased with the six-month placement period and the contributions and work of the second-year interns. Some of the rough spots were smoothed out. A revised manual of procedures was developed to reflect the changes. (A copy of the manual is included in the module package deliverable.)

D. Project Advisory Committee

The Project Advisory Committee met officially at NRPA headquarters in April, 1976. The second-year interns were present and were encouraged to express their concerns and make recommendations for the third project year. The changes noted in section C. 2 resulted from this meeting.

Since that time, the advisory committee has not met. However, project staff have maintained contact and requested guidance as necessary.

SECTION III:
INTERN ACTIVITIES

A. NRPA-based Involvements of Second- and Third-Year Interns

The NRPA-based involvements of second-year interns were discussed in the continuation proposal submitted to BEH for third-year funding.

The third-year interns were involved in the following activities during the two months at NRPA headquarters:

- Attended hearings on Section 504 of P.L. 93-112 in Richmond, VA
- Provided a critique of a manpower survey instrument developed by a local university recreation department
- Visited the new recreation facility for the handicapped (D.C. Department of Recreation)
- Attended several small meetings with NRPA staff to discuss grantsmanship, consultation, competency-based education, philosophy of therapeutic recreation, legislation, etc.
- Attended meeting at NRPA with field placement supervisors to select placement sites and share information
- Developed and conducted therapeutic recreation career-awareness session at a Maryland High School and prepared a career manual for students
- Attended Northern Virginia Regional White House Conference on Handicapped Individuals
- Prepared and conducted a workshop on therapeutic recreation for the mentally retarded at Central Fairfax Services for Retarded Persons, Inc. Developed a resource book for personnel. Held a post-workshop critique
- Discussed leisure service delivery and therapeutic recreation at two graduate classes at the George Washington University
- Met with Peter Witt (Canada) for a discussion of consultation and leisure service delivery
- Established a resource filing system and contact file
- Met with project coord nator in group situations to discuss communications, group process, and their interaction as a group. Shared feedback to promote personal growth.

- Shared in a discussion and formulation of NRPA testimony on H.R. 2247 dealing with special fees in national parks for handicapped persons. Attended the hearings.

- Met with the following people to gather information and resources: director of the People-to-People Program; director of programs for the mentally retarded and physically handicapped, D.C. Recreation Department; coordinator of special services, Maryland-National Capital Park and Planning Commission; personnel of PCEH/CRL; project monitor and other BEH personnel.

- Developed a proposal to present to the Board of the National Therapeutic Recreation Society concerning the formulation of a position statement on therapeutic recreation philosophy and service delivery. (NOTE: The interns did present this to the Board at the 1976 meeting in Boston, at which time a committee was created to undertake the project. The interns were appointed co-chairpeople. In March 1977, interns met with the NTRS president and NRPA-NTRS liaison to discuss the feasibility of conducting the proposed survey of therapeutic recreation personnel through NTRS. A budget was prepared, but no action has been taken.)

B. Field-Based Involvements of Second- and Third-Year Interns

The activities undertaken by the interns were dependent upon several factors: the needs exhibited at the placement site; service and information requests received from agencies, institutions, and individuals; the objectives for the placement site established by the intern; the intern's capabilities; and the feasibility of successfully completing a specific task in the span of the placement phase.

Each site offered a unique set of circumstances, although some of the activities at all sites were similar. Some activities required substantial investment of time and energy and were conducted over a prolonged period of time; others were completed quickly. Site supervisors encouraged the interns to initiate activities and made a sincere effort to involve interns in a variety of activities.

What follows is a list of select involvements the interns had at the field placement sites.

1. Jessyna Upshaw (1976-77), Department of Recreation and Park Administration/Extension, University of Missouri, Columbia

   - Served as associate editor for the therapeutic recreation newsletter produced by the Extension Service and Department of Recreation and Park Administration

   - Planned and conducted the regional therapeutic recreation institutes; coordinated the audiovisuals and resources

   - Participated in an 11-mile float trip for physically handicapped students at the University of Missouri

- Assisted with the development of surveys on a variety of topics
- Attended faculty meetings and Extension staff meetings; a meeting of the Missouri Therapeutic Recreation Society; and a meeting of the State Committee on Employment of the Handicapped.
- Prepared an article for a regional institute publication--"Resource Development and Utilization: A Guide for the Practitioner"
- Conducted a course on community recreation, 1977 spring semester and advised students. (Ms. Upshaw was appointed instructor in the Department of Recreation and Park Administration)
- Developed funding proposals for a variety of projects
- Served as a member of the board of directors of the Columbia YWCA
- Participated in one of a series of broadcasts on leisure presented for the print-handicapped on the University's FM station by the Extension Division
- Reviewed and evaluated resources for the Media Center maintained by the Extension Service
- Responded to information requests from agencies, students, organizations, and institutions
- Participated on the State Task Force for the White House Conference on Handicapped Individuals, Social Concerns Committee and assisted with the development of a position paper
- Attended legislative hearings and maintained legislative information
- Conducted or was involved in a variety of other projects and activities which had direct or indirect benefits statewide.

2. Phyllis Coyne (1976-77), Department of Recreation Therapy, North Carolina Memorial Hospital, Chapel Hill.

- Attempted to save the therapeutic recreation position held in Oregon and vacated to accept the internship. The position was going to be filled by an occupational therapist. The effort was successful. Also attempted to create a therapeutic recreation consultant position in the Oregon Department of Human Resources.
- Attended staff meetings, attended grand hospital rounds in psychiatry
- Gained teaching experience through the recreation curriculum at UNC--fall and spring semesters co-teaching with Glen van Andel; presenting guest lectures; team-teaching with Liz Shute (courses included recreation for special populations, clinical recreation, introduction to leisure)

- Assisted with the development of the Department of Recreation Therapy budget

- Increased knowledge of handicapped children by: attending weekly assessment of children seminars and film screenings and pediatrics team meetings; working in the pediatrics unit with play therapy; and attending role-modeling training.

- Assisted with the development of a proposal to develop training workshops for activity coordinators in Eastern North Carolina and a training needs assessment instrument

- Attended a meeting with staff from advisory/consulting services, Division of Parks and Recreation, North Carolina Department of Economic and Natural Resources concerning employment of a therapeutic recreation consultant for the state

- Assisted with the development of a slide/tape presentation on therapeutic recreation

- Used vacation time to visit facilities and programs in Massachetts

- Conducted sessions on dance therapy, activity analysis, individualized assessment, and other topics at workshops

- Served as chairperson of the Consultation Standard's Committee of the North Carolina Therapeutic Recreation Section of the State Society

- Discussed various topics informally with supervisor (communications, activity analysis, professional issues, etc.)

- Screened films and developed a variety of resource materials for hospital and field use

- Attended North Carolina Recreation and Park Society Conference and therapeutic recreation section; a time-management workshop; a supervisory communications workshop; the Southern AAHPER conference; a workshop on dying patients; symposium on adolescence

- Observed or conducted consultations involving: Ansom County Skilled Nursing Facility (programing/administration/workshop); YMCA (accessibility); planning for a new rehabilitation unit at the hospital; Cerebral Palsy Hospital in Durham; planning a workshop with the Mountain Area Health Education Center; Guilford County Day Treatment Program; Baptist Hospital; Switchboard--a drug education and counseling center (adventure program and obstacle course); Lincoln Center, a developmental day care center; North Carolina Facilities Service Department, Survey and Consultation Branch (interpretation of North Carolina standards for recreation in facilities for the mentally retarded (evaluation of facility); Mandala Center--private, psychiatric facility (program evaluation); Self Improvement through Reading Education.

3. Thomas Barber (1976-77), Recreation Planning Section, Georgia Department of Natural Resources

- Met with State director of special education to develop a report concerning P.L. 94-142. Also included were state regional education coordinators and Special Olympics director.

- Assisted with the development of the therapeutic recreation component of the Georgia Recreation and Park Society conference and coordinated the resource room at the conference; assisted with the planning of the NRPA Southern District conference.

- Attended the CEC convention in Atlanta, Executive Recreation Management Institute, and NRPA Forum on Innovative programming.

- Assisted with the development of a slide series for the recreation planning section of DNR and a videotape/script about life time sports for use as a training tool for the Georgia Department of Human Resources.

- Reviewed and made recommendations for revision of the DNR guide for Organizing and Implementing Therapeutic Recreation Programs at the Community Level.

- Observed or conducted consultations involving: programs/facilities in Georgia receiving state funds; architectural accessibility of county facilities in Douglas County; and other locations; third-party payments; Columbus, Georgia meeting with a community group desiring the employment of a therapeutic recreation specialist on the municipal staff.

- Developed proposals for: Title I monies for workshops; creating an art consultant position in DNR; extended camping and life time sports (funded by DDSA for $49,0000);Lake Lanier for a water ramp (funded for $8,000); removal of architectural barriers at a state picnic site (funded by BOR for $48,000)

- Presented guest lectures at Georgia State and talks at conferences.

- Attended public hearing on P.L. 94-142 and presented a statement.

All third-year interns attended the 1976 NRPA Congress for Recreation and Parks, the Midwest Therapeutic Recreation Symposium, and the NRPA Southern District Conference. One group meeting was scheduled in Chapel Hill. They shared resources among themselves, continued a reading program, and maintained an anecodotal log which was sent to the project coordinator. They also had periodic conferences with their supervisors. Time was allotted at the conferences for group discussion and problem solving.

4. Mariann Soulek (Georgia), Ed Seagle (North Carolina), and Jean Zoerink (Missouri) (second-year interns) also contributed significantly to the service delivery capabilities of the sites. The following summarizes types of experiences and notes specific major projects:

   - Attended local, regional, state, and national conferences as delegates and/or presentors.
   - Made presentations to university classes.
   - Reviewed films and resource materials and developed new materials (including slide/tape presentations).
   - Provided/observed direct consultation to facilities and programs serving persons with numerous handicapping conditions.
   - Became involved with community advocacy groups and parent organizations.
   - Assisted in planning and conducting workshops (in-service training in some cases)
   - Laid the foundation for NRPA involvement in the White House Conference on Handicapped Individuals.
   - Attended staff meetings and inter-unit meetings.
   - Developed funding proposals.
   - Attended legislative hearings.
   - Assumed leadership roles on professional committees.
   - Increased staff capabilities in their areas of expertise.
   - Presented guest lectures and advised students.
   - Mariann Soulek (paraplegic) made significant contributions to programs serving physically disabled persons. She visited eight state parks and made recommendations for increased accessibility. She initiated and implemented a wheelchair sports jamboree for disabled persons throughout Georgia; a one-day training period was allotted for therapeutic recreation specialists. Ms. Soulek also provided information and assistance concerning design for an accessible swimming pool. Because of her participation in the BEH-NRPA program, awareness of architectural barriers increased in Georgia.

SECTION IV:
OBSERVATIONS, CONCLUSIONS, RECOMMENDATIONS

A. General Observations

The following observations were made as a result of interviews with over 60 internship applicants, conversations with personnel in therapeutic recreation and others during job development efforts, feedback from interns, and sessions at national and regional meetings during the 1974-77 project period.

Obviously, there are many generalizations. However, many of the points reinforce what has been said by individuals within therapeutic recreation in the past and reflect many current concerns.

The module package provides a more indepth exploration of many of the issues addressed in this section.

- It appears that therapeutic recreation personnel across the country are experiencing significant information deprivation, which hampers their effectiveness. It may be that existing efforts to disseminate information and resource tools are not sufficient to accomplish the job that needs to be done and/or personnel are not taking adequate steps to locate and obtain the materials. Personnel are often frustrated because they cannot find the resources they need (and know must exist).

- It appears that existing efforts in the therapeutic recreation field to disseminate information and materials are not sufficient to accomplish the job that needs to be done.

- It appears that therapeutic recreation personnel in direct service must devote almost 100 percent of their time and energy to serving their constituents, attending to administrative matters, and handling problems which arise in the course of their work. As a result, they may be unable to respond to (or even be aware of) larger issues or become involved in activities beyond their primary work environment. Additionally, personnel may see no need to expand their perspective or may be uninterested. Also, if there is no support at the employing agency for this activity, personnel have less motivation to pursue it.

- It is becoming increasingly apparent that the fate of therapeutic recreation service delivery hinges as much on legislative involvements, attitude change, research, grantsmanship, personnel preparation, and articulation with allied fields as it does upon innovative, responsive programming.

- On the basis of knowledge and understanding demonstrated by therapeutic recreation personnel across the country, it appears that academic curricula do not provide many of the tools and learning experiences necessary to develop many critical skills which facilitate successful job performance. Frequently in-service training is either nonexistent or inadequate. The appropriateness and responsiveness of regional, state, and national conferences and workshops are also brought into question.

- It appears that one of the liabilities in the therapeutic recreation movement is lack of a sound rationale, philosophy, and set of principles which are espoused by the national professional body (NTRS) and generally held by personnel across the country. It appears that many different points of view are being set forth and that confusion and misinterpretation result and often create disunity and disharmony within the field.

- In spite of the friction between and possessiveness among different helping professions (e.g., therapeutic recreation, occupational therapy, adapted physical education), many personnel truly desire cooperation and teaming and are willing to establish this type of network if the climate is enabling.

- It appears that the state-of-the-art of research in therapeutic recreation is less that enlightening. Often research findings do not reach the field. There are several negative consequences: (1) programing and service delivery are still generally based on intuition and expediency; (2) budget requests are frequently questioned and turned down because solid evidence is unavailable to support the need for and importance of recreation; (3) the credibility and legitimacy of therapeutic recreation are less than they should be.

- It appears that one of the stumbling blocks in leisure service delivery to handicapped populations is the problematical (or non-existent) relationship between therapeutic recreation and community recreation personnel. Instead of working together to provide a continuum of services and pool resources and information to enable more responsive programming, the two groups often fail to communicate and look upon each other as intruders.

B. Conclusions

1. Consultation

- There is substantial interest in and need for therapeutic recreation consultation. However, there are several confounding factors which affect creation of consultant positions: (a) unavailability of funding, (b) general difficulty in establishing new positions, (c) lack of awareness of the part of policy makers of the importance of the functions of this type of position and the ways in which therapeutic recreation consultation facilitates realization of overall agency goals.

- Therapeutic recreation consultants do provide many crucial services--e.g., resources and current information on professional issues, legislation, funding, and the like; assistance in problem-solving and programming.

- Therapeutic recreation consultants build important bridges at local, regional, state, and national levels; between therapeutic recreation and community recreation; between therapeutic recreation and other human service fields; between recreation and societal institutions (e.g., government and education). These bridges enable better service delivery.

- There are few full-time therapeutic recreation consultants in comparison with the employment potential in Extension, state departments, national organizations, and municipal and regional delivery systems.

- Consumer advocacy, legislative mandates, trends toward deinstitutionalization and mainstreaming, and legal precedents have resulted (and will continue to result) in a demand for expanded services to handicapped populations in communities. Institutional service delivery is being forced to respond to higher standards and a new level of accountability. Direct service personnel and administrators need assistance to comply with what they are being called upon to do.

- Although there is considerable employment potential for consultants who devote their full efforts to service delivery to handicapped children and youth, there is more likelihood that consultants employed in the near future will serve a range of age groups and disabled populations. However, benefits to the total system--stemming in particular from improved staff capabilities and increased public awareness--will have an impact on children and youth.

- Consultants who work at the local or regional levels are more likely to engage in on-site direct consultation with individuals and agencies than consultants at state and national levels. Cost-effectiveness is achieved when a consultant is able to meet similar needs of personnel within the service sphere by holding group training; developing resources, guidelines, models, and self-help materials; addressing legislative and budgetary issues affecting many agencies and institutions; and performing class advocacy functions.

- No matter how many consultants ultimately serve the therapeutic recreation field, the major responsibility for service delivery will remain with direct service personnel Therefore, a major responsibility of a consultant should be to upgrade the skills and level of performance of therapeutic recreation personnel and volunteers and improving the conditions within primary work environments.

2. The Training Prototype

- The modules appear to supplement and complement the content included in most professional preparation programs in therapeutic recreation at the two-year, four-year, and graduate level. Therapeutic recreation personnel can no longer rely upon programming skills, basic administrative know-how, intuition, and expediency to meet the challenges ahead, needs of constituents, and legislative mandates and accountability standards. In addition to traditional skills, "survival" will, in part, be dependent upon increased ability to compete for funds, affect the language and intent of legislation, increased availability of resource materials, a more substantial research data base, improved understanding of therapeutic recreation, and greater advocacy efforts.

- The full training prototype--didactic and practical elements--is appropriate for integration into master's level programs. Because much of the content is vital to on-the-job performance of direct service personnel and administrators, it should be addressed at the undergraduate level. The field placement experience (internship) is appropriate at the master's and post-master's levels for mature individuals who have substantial clinical experience with diverse populations in a variety of service delivery settings.

- It is highly likely that academic faculty will require continuing education to provide instruction in some of the areas contained in the modules. Implementation of the prototype will be facilitated by interdepartmental coursework and use of guest lectures by consultants with the recreation department creating a unity and direction to the student's course of study.

- The field placement experience is a crucial component of the prototype. Therefore, the structure, range of activities, and supervision at the site must be evaluated carefully before students are placed. An extensive site experience (at least six months) is preferable.

- Currently there are no formal standards or suggested credentials for consultants in therapeutic recreation. Any individual can hang out a shingle. Academic faculty and administrators are advised in the module package of the need to maintain standards for graduating "consultants."

- The modules may (and should) also serve as guides for in-service training and short courses.

3. Interns

- The intern training component of the project yielded valuable information which facilitated development of the deliverables.

It presented an opportunity to conduct an informal task analysis and assessment of performance requirements.

- The service capability of the field placement sites was expanded during the project period.

- Interns were able to gain new knowledge and skills and contribute existing knowledge and skills which generally supplemented and complemented those of site personnel.

- The importance of an extensive field experience became apparent as a result of evaluative feedback from the interns. At the beginning they felt that their credibility and capability were in question by members of site staff and consultees. This situation may have resulted from (a) the label "intern" which usually is equivalent to "learner" or less than qualified worker; (b) the fact that the interns were "unknown" quantities; and (c) some jealousy exhibited by staff of their responsibility, freedom, and exposure. However, by the end of the placement period (especially during the third year), all interns reported that they felt accepted and perceived as competent individuals. As a result of their contacts and work, they were generating service requests. The interns also felt considerably more able to meet the requirements of their work.

- Where are the interns now?

  (a) Viki Annand (1974-75): Since Ms. Annand left the project she has been employed by the Department of Recreation and Leisure Studies, Temple University, Philadelphia, as coordinator of a project entitled "A Coordinated Approach to Community Recreation Services for Multiply Handicapped Adults" funded by HEW's Office of Human Development, Region III. She will have completed all course requirements for her doctorate by the end of August 1977, at which time she plans to return to the Washington, D.C. area and look for employment while she completes her dissertation.

  (b) Dean Zoerink (1975-76): Mr. Zoerink was retained by his field placement site (Department of Recreation and Park Administration, University of Missouri) on a research grant. At the time of this writing he is still employed there. Should a new proposal be funded, he has the option of continuing at the Department. Mr. Zoerink has been working to create a state level consultant position in the Missouri government and has applied for teaching positions at several universities.

  (c) Ed Seagle (1975-76): Mr. Seagle is currently on the faculty at Chico State in California.

- Continue BEH support of training, research, demonstration, and special projects in recreation for handicapped children.

- Urge NRPA to inform the membership of the need to improve service delivery, cite the legislation mandating change (P.L. 94-142, P.L. 93-112, etc.), and offer action strategies.

- Encourage the use of the module package as an in-service training tool

- Reach allied and related organizations and agencies.

- Encourage therapeutic recreation to publish in general recreation publications and those in related areas (rehabilitation, education, etc.).

4g. NRPA and NTRS as Change Agents

- Deliver this final report to the NRPA Executive Director and NTRS liaison with a cover letter encouraging more efforts in behalf of handicapped children and youth.

4i. NTRS Committee Focus on Consultation

- Disseminate deliverables with cover letter to NTRS education committies.

There are a few additional recommendations pertaining to facilitating closer articulation between special education and recreation. BEH may be able to take the lead.

- If not already the case, BEH should see that products, materials, and information resulting from BEH grants and contracts related to therapeutic recreation and leisure be disseminated to appropriate ERIC clearinghouses and the ALRC/RRC (or similar) network.

- Academic departments receiving BEH PAG funds for therapeutic recreation programs should be alerted to the existence of the ALRC/RRC (or similar) network and encouraged to establish communication lines with the appropriate regional center (if not done already).

- Academic departments receiving BEH PAG funds for therapeutic recreation programs should be encouraged to establish (if not established) continuing information sharing and liaison with the special education department and encourage students in both departments to take courses (if possible) in both curricula.

- Establish some way of feeding therapeutic recreation and relevant general recreation related information related to children and youth into the special education information system.

(d) Mariann Soulek (1975-76): Ms. Soulek did not seek employment when she left the project. However, she later accepted a part-time position with the Carson (California) department of recreation. She is currently seeking full-time employment, preferably as a consultant.

(e) Jessyna Upshaw (1976-77): When Ms. Upshaw started her field experience, she was appointed instructor within the Department of Recreation and Park Administration. She has retained that rank. During the summer (1977) she will be supervising field work students, and in the fall she will undertake full-time teaching duties. She has made application for admission into the doctoral program at the University. Unless there is a change, she plans to pursue a program for junior college administration.

(f) Thomas Barber (1976-77): Mr. Barber is returning to the VA Hospital in New York. When he accepted the project internship he did so with a provision that he could return within a year. He did have several job offers, but declined them for a number of reasons.

(g) Phyllis Coyne (1976-77): Ms. Coyne is in the process of interviewing for several teaching positions in the states of Minnesota, Virginia, Oregon, and California. She is also interviewing for other types of positions. No decision has been reached.

4. Job Development

- Several hundred persons have been reached directly as a result of this project through intern interviews, correspondence, meetings, announcements, and informal contacts. Many more will be reached through the project deliverables. Seeds have been planted; time and the efforts of concerned persons will hopefully allow them to blossom into new positions.

- Considerable work is yet to be done to create consultant positions in the models addressed by the project. The momentum created by project staff may lessen without continued support.

C. Recommendations

Several of these recommendations appear in the deliverables. Additional detailed recommendations pertaining to the implementation of the training prototype appear in the module package deliverable.

The following discussion revolves around the long-range objectives listed in Section I of this report.

4a. Establishment of the Consultant Role

- Disseminate copies of the major project publication--Consultation: Enhancing Leisure Service Delivery to Handicapped Children and Youth--to (a) state directors of special education, (b) BEH project directors, (c) agencies with which contact was made as a result of job development efforts, (d) NTRS officers, (e) National Consortium members who represent therapeutic recreation and special education, (f) national organizations who are concerned with handicapped children and youth, (g) recreation and park state societies, and (h) NRPA Regional Service Centers.

- Prepare articles for Parks and Recreation, Journal of Physical Education and Recreation, and similar publications briefly outlining the value of therapeutic recreation consultation.

- Utilize BEH vehicles to promote the consultation concept.

4b. Employment of Consultants

- Request the continued involvement of Karl Munson, U.S. Cooperative Extension Service, field site personnel, and interns to stimulate new positions.

- See recommendations for 4a.

4c. Consultants at NRPA Regional Service Centers

- Unless financial circumstances change, there is no hope of employing therapeutic recreation consultants. However, attempts can be made by NRPA staff to increase the Regional Directors' understanding of disability and the needs of handicapped children and youth.

4d. Professional Preparation and Consultation Competencies

- Disseminate module package to (a) BEH-supported therapeutic recreation curricula, (b) NTRS Committees concerned with education, training, and personnel, and (c) NRPA committees dealing with certification and accreditation.

- Disseminate a letter to therapeutic recreation curricula advising of the availability of the module package through NRPA.

- Utilize BEH vehicles to communicate the value of addressing the modules in existing PAG supported therapeutic recreation curricula.

4e. Upgrade Therapeutic Recreation Programs for Handicapped Children and Youth

4f. Strengthen Advocacy Role of Therapeutic Personnel

4h. Furtherance of Integration and Normalization Efforts

- Develop an awareness piece and/or training materials for use in higher education and in-service programs to acquaint education personnel with how articulation may be increased and how therapeutic recreation personnel may assist the education system. The same holds true for therapeutic recreation and community recreation preparation programs. (The book on consultation resulting from this project may be a relevant resource.)

- Undertake an assessment of the degree to which there is cooperation between education and therapeutic recreation (including the community education movement) and determine the nature of the involvement. Then consider approaches to facilitate it. If the regulations (as they are finally approved) for P.L. 94-142 actually include recreation as a related service, additional motivation exists to promote the liaison.

Expanding Horizons in Therapeutic Recreation IV

Selected Papers from the

1976 Midwest Symposium

Edited by

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1977

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Therapeutic Recreation Consultation: A Component of the Leisure Service Delivery System

People Helping People

People helping people solve problems or better themselves or achieve change is probably among the oldest forms of human interaction. This behavior is reflected in our language: We give the shirt off our back, lend a helping hand, pitch in, offer our shoulder to cry on, put our heads together, and willingly contribute our last dime to those in greater need. The act of helping may stem from a selfless or selfish motivation or may occur in the interest of the common good. Frequently the helping behavior enables an outcome which would not be possible had each person acted independently.

The Consultant as a Helping Person

The consultant is a helping person. Generally consultants are perceived as experts—individuals possessing great knowledge and skill in a particular area—and are commonly associated with science, industry, government and education. However, consultants may be found in all systems and institutions in society, including the leisure service delivery system.

Expert consultant personpower is usually enlisted when projects or problems are complex or out of the ordinary and require expertise for their completion or resolution beyond that of those directly involved. The consultant brings perspective and experience to complement and/or supplement existing resources. Many consultants also bring special know-how to the helping situation—insight into people and groups, sensitivity, and objectivity which facilitate accomplishing the objectives of the consultation.

Although most tasks in which experts are engaged today require sophistication and specialized training and knowledge, the ability to serve as an expert is not necessarily dependent upon formal education and credentials generally valued by society. A variety of people may serve as authorities. Residents intimately involved in the dynamics of a community assist in problem solving and program planning. Released offenders are recruited to participate in police investigations. Controlled alcoholics help clinics provide more effective rehabili-

tative services. Disabled participants in recreation programs are involved in evolving a more accessible leisure service delivery system. (On a light note, the Indian scout of the American frontier acted as an expert consultant when he applied his tracking skills, intuition, keen senses, and knowledge of terrain to the task of safeguarding those who were to follow.)

Not all consultants fit the category of expert as just described. There are resource consultants, who are knowledgeable about many topics and are able to suggest a variety of appropriate resources and options for action to the consultee—the person or group receiving help. Breadth of knowledge and understanding is important to this individual, not necessarily depth in a particular area.

A third type of consultant is the process consultant, characterized by an interest in joint diagnosis of the problem or situation with the consultee and passing along diagnostic skills to the consultee. The assumption underlying this approach is that once a consultee understands the matter at hand more clearly he or she will be able to deal with it. Process consultants must be expert in how to diagnose and how to develop a helping relationship. However, they need not be expert in a particular area, such as programming, evaluation, or personnel management. When the need arises, the process consultant works with the consultee to select an appropriate expert.

Different situations and objectives call for different consultation approaches. One individual may be able to function comfortably in all three types of consultation roles; others may lack this ability. Expert and resource consultation generally entails a more superficial relationship between consultant and consultee than does process consultation. All three consultants may make significant contributions to the delivery of therapeutic recreation services.

Although newspapers occasionally carry accounts of questionable consultant behavior and many individuals think of consultants as meddlers and threats to the status quo, consultants are, for the most part, ethical, professional, and concerned persons whose contribution to the work effort is enhancing and change-producing. They provide a valuable service.

Consultant as Advocate

> Throughout the course of history it has been recognized that all persons have certain rights based not only upon their basic human nature, but also upon their position, status, and station in life. The rights granted to various societal members, however, have always varied, with certain persons being 'deserving of' or 'entitled to' different types and qualities of rights at different times. (National Easter Seal Society 1976, p. 4)

One of the significant ways a consultant in the models discussed herein can help people is by assuming the role of advocate. He or she is in an excellent position to alter the course of what will become history in the future. The therapeutic recreation consultant is able to become involved in class advocacy, which

> . . .seeks to prevent problems or assure intervention on a global basis for those with problems or difficulties. Focal points of class advocacy include policies, administrative procedures, specific personnel, budgets, laws, or political actions. (National Easter Seal Society, 1976, p. 5)

Class advocacy relates to service to an entire category of persons, such as handicapped children and youth. While those providing direct service to this population group can contribute to class advocacy efforts, they lack the time (and frequently the resources) to work toward far-reaching change.

Consultants, on the other hand, have the opportunity to intervene more directly and consistently into the systems and processes which have the potential for reversing the traditional exclusionary and discriminatory policies which have been the cause of inadequate services to handicapped persons.

Therapeutic recreation and advocacy are mentioned in therapeutic recreation literature (Hillman, 1972; Edginton and Compton, 1975; Weiner, 1975). Wolfensberger (1973) presents a broad perspective of citizen advocacy as it relates to mentally retarded populations and includes a chapter on youth advocacy. James Tompkins discusses child advocacy (1972) and advocacy and therapeutic recreation consultation (in press). Hillman (1972) states that:

> As therapeutic recreation emerges as a profession, we will be given additional responsibility which increases our need to respond appropriately as more than a tool of treatment. We must attempt to react in a socially responsible way to the demands of our clients by pursuing a more aggressive advocate role. (p. 50)

Frye and Peters (1972) note that:

> . . .the therapeutic recreator may be required to devote particular emphasis to educational, interpretive efforts in representing and advancing the leisure interests and needs of ill or disabled people. (p. 131)

In their article "Future Perspectives," Gray and Greben (1974) review some of the changes in attitude, outlook, and policy resulting from some of the significant social movements preceding 1974. They mention the growing awareness of the fact that "No public institution can function on the basis of a dual standard, i.e., this is what we say we stand for, but it has no relationship with the way we operate. . ." (p. 29). In assessing the recreation and park movement in 1974, they find its members have "typically. . .been followers, not leaders." As one of the bases for this statement they mention a general lack of support and voluntary action in behalf of minority and disadvantaged populations:

> The people who need us the most are often ignored, or worse, made to feel unwelcome. We did not, on our own, redesign our facilities so that they could be used comfortably and with dignity by handicapped persons. We were *forced* into design changes by the special interest groups who must look out for the welfare of the blind, the lame, the old, and the retarded. (p. 32)

The authors believe that if the recreation and park movement is to fulfill its mission in American life, the future must hold "solid achievement and leadership." They see the future of American society in humanistic terms and some of the primary social needs as "human development and improved process of human interaction." They offer a program for the recreation and park movement to follow with goals to guide future action. The overriding concern of the program is humanism. Point 6 of their program states that we must:

> Reorganize and reorient our agencies in a way that will renew their energies, improve their sense of mission, and make them more responsive to human needs and social change. (p. 53)

One of their charges to local governmental units it the formulation of a statement of goals and objectives which, among other things, must be supportive of the aspirations of the populations in the community and stimulate a leadership role in "assuring equal opportunity and participation for all citizens." (p. 55)

Nesbitt (1970) makes a similar observation:

> As much as any factor calling for the development of curriculum is the need to prepare to perform the role of 'change agent' in starting, expanding, and in improving services. Therapeutic recreation service personnel must be prepared to guide the development of services, to prepare and promote legislation, and to call for the support and cooperation that is needed. (p. 3)

Murphy *et al* (1973) refer to the role of leisure service personnel as community figures. They call leisure service staff ". . .encouragers of community development concerned about people, human interaction and preservation of the quality of neighborhood life." (p. 19) This perspective places leisure service personnel in the position of those who initiate ". . .a process that enables the community to satisfy basic human needs, grow in dignity, and self-fulfillment." (p. 19)

The authors refer to the enabling service approach that

> . . .serves as a catalyst, and helps people to implement their desires and interests. It assists people in planning and obtaining needed resources; in some cases, it provides the resources, which might include organizational skills, training, equipment, and areas and facilities. (p. 71)

These observations and those made by numerous other individuals within the general recreation and therapeutic recreation work force point to the need for the leisure service delivery system to assume more direct and responsive intervention—to be an advocate—to assure that handicapped persons have accessible and available opportunities through which to express their leisure behavior. The therapeutic recreation consultant is one individual who can provide direction and support for the rest.

Consultation Curriculum Development

As Nesbitt (1970) states in his editorial:

> Curriculum is not simply the concern of educators. It is the concern and responsibility of all members of a profession or specialty. Curriculum reflects the essential knowledge and competencies required of a practitioner. It is a profile of the profession.
>
> Curriculum is particularly important when it serves as a primary means of incorporating into professional practices new knowledge and new methods. Changes are taking place rapidly in society that dictate that the role and function of therapeutic recreation service must change to meet new and emerging needs and challenges. (p. 2)

Curriculum Development: BEH Support

The Bureau of Education for the Handicapped (BEH) has emerged as one of therapeutic recreation's advocates and supporters. Although funding for research, demonstration, and training is channeled into projects directed to handicapped children and youth, the spinoffs and visibility resulting from BEH involvement have contributed significantly to the improvement of personnel performance and the forward movement of service delivery to all special groups.

BEH funding has enabled the

- creation and continuation of over 25 college/university degree programs in recreation and physical education for the handicapped
- establishment of the Information and Research Utilization Center, which, during its multi-year existence, assisted thousands of personnel in their search for current resources and research data
- assessment of research needs in physical education, recreation and special education (1969)
- examination of state-level planning for education, recreation, and physical education for handicapped children and youth through a series of regional university-based conferences (1969-70)
- development of *Guidelines for Professional Preparation Programs for Personnel Involved in Physical Education and Recreation for the Handicapped* (1973)
- assessment of the need for research and demonstration in leisure time activity for the handicapped (1974)
- conduct of numerous projects yielding data and information necessary to provide growth-producing recreation opportunities for handicapped children and youth.

A three-year BEH-supported curriculum development project is currently nearly completed. Funded by BEH in 1974, the project will result in the development of a training prototype to prepare consultant personnel in therapeutic recreation. Additional products will include a publication on consultation services in different service delivery settings, a manpower survey report, and resource materials. Seven individuals will have received training through an internship component of the project. The training program will be oriented for master's level students in existing therapeutic recreation professional preparation programs.

The project was conceived in the spirit of "incorporating into professional practices new knowledge and new methods" and on the belief that "therapeutic recreation service must change to meet new and emerging needs and challenges."

Forum 21 (The Child and Leisure Time) of the 1970-71 White House Conference on Children prepared a report of its deliberations and a list of recommendations which would improve the quality, variety and availability of the leisure opportunities for children (Dunn, 1971). The report stressed that opportunities should be provided in home, school, and community environments and offer choice to the participant. Forum participants noted that "unfavorable attitudes, inadequacies, inequities, and disorganization characterize the current status of leisure activity for children in the United States" (p. 28). One of their high priority recommendations concerns the education of personnel to be better able to respond to the leisure needs of children. Cooperative planning, cooperative use of facilities and resources, and joint-employment of specialists (particularly by local and state agencies and organizations) are also vital components of an improved delivery system.

The therapeutic recreation consultant may respond to these and other Forum recommendations and be part of the team working for their realization. Specific reference to the needs of children is purposeful at this time. The Bureau of Education for the Handicapped exists to further services to children. Funding for the consultation curriculum development project was provided to improve personnel capabilities to enhance the opportunities available to children with handicapping conditions. It is safe to say, however, that enhancement of opportunities for children and youth will benefit all population groups.

Therapeutic Recreation Consultation in the Literature

References to consultation in therapeutic recreation and to the role of consultant occur in the literature. The following are illustrative, but are by no means exhaustive.

Ball (1968) differentiates among levels of personnel and identifies the educator, *consultant,* and researcher as therapeutic recreation personnel less involved than aides, leaders, supervisors, and directors with direct service

delivery. She proposes doctoral level preparation for these roles and stresses breadth and depth of education and individual maturity gained through extensive experience. (p. 19).

One approach to consultation is described by Lehmann (1968). To meet the service needs of institutions within a region in Illinois, a team of "circuit riders" traveled to different facilities to assist staff, students, and residents improve programs and develop a more healthful environment. The Galesburg State Hospital's hospital-community program was designed to reduce admission rates, facilitate more adequate aftercare, and improve programming. As a result of the traveling team (including activity therapists), groundwork was laid for cooperation and increased consultation by activity therapists to agency staff.

Consultation to extended care facilities (ECFs) received a boost with the passage of federal Medicare legislation in 1966 and *Conditions of Participation: ECFs*, which outlined statutory and suggested guidelines for nursing homes and convalescent hospitals (Brown, 1970; Writing Committee, 1970; Tague, 1970). Consultation from a "qualified recreation therapist or group activity leader" was acceptable to federal authorities if a full-time person was unable to direct patient activity programs. The *Conditions* created controversy (which still exists) because of the difficulty experienced in interpreting the guidelines and because of the laxity of the statement in comparison with the strictures included in other parts of the legislation.

In response to the Medicare regulations, guidelines were developed (Writing Committee, 1970) for ECFs, which addressed administrative program and in-service training/continued education consultation. The guidelines also mention additional responsibilities of consultants: working with other patient care consultants; consultants at state and local levels involved in health and mental health programs; professional organizations, state boards of standards, universities, and other educational institutions; and community resources.

In the early 1970s, the Bureau of Education for the Handicapped funded a project to develop guidelines to provide direction for persons "administering, coordinating, teaching, and evaluating graduate professional preparation programs in adapted physical education and therapeutic recreation." (American Association for Health, Physical Education and Recreation, 1973, p. iii) The consultant was identified as a professional role in therapeutic recreation service. The functions assigned to the role included educating, counseling, and referral; disseminating information; advising on program and facility development and modification; and observing and evaluating. (pp. 32-33)

In a report of a study of therapeutic recreation services in nursing homes in Kentucky (Peters and Verhoven, 1970), the authors explain that there appears to be

> . . .a trend toward the emergence of the consultant in therapeutic recreation services. to serve a number of nursing homes within a manageable geographic area. Indeed, many of the respondents indicated a need and desire to share the services of a therapeutic recreation specialist with other nursing homes or small community hospitals. This newly emerging occupational role should also be fully exploited. (p. 22)

Frye and Peters (1972) refer to the Kentucky study and point out that the

> . . .development of therapeutic recreation consultants may be seen as being not only related, but basic to sound and practical use of personnel resources—aides and attendants—already within the staff patterns of nursing homes. Large numbers of such personnel, as well as volunteers, might be served through district or regional training sessions organized and directed by a therapeutic recreation consultant. (p. 22)

As the authors explain, such training will strengthen and expand the skills of lower level therapeutic recreation workers and broaden their involvement in the service delivery system. They then become a more valuable and more highly functioning human resource. (p. 22)

At other places in their text, Frye and Peters support emphasis upon providing consultative services to clusters of extended care facilities. (p. 134) They also refer to an evolving service delivery system and to emerging professional roles, one of which is the consultant. (p. 132) They cite the utilization of recreation consultants on an area or nationwide basis (American Red Cross and National Easter Seal Society). (p. 133)

Two recent texts refer to consultation. Avedon (1974) devotes a short section (pp. 66-71) to consultation within a chapter on elements of service. He mentions employment settings for full-time consultants in state and county departments and larger municipalities. O'Morrow (1976) briefly mentions the consultative role and differentiates between "inside" and "outside" consultants (pp. 129-30, 208).

Rationale for Consultation Curriculum Development

Consultation services have existed within the leisure service delivery system for decades. Consultation within therapeutic recreation service delivery has focused primarily upon extended care facilities (due to Medicare regulations) and to a lesser extent has been provided to other types of facilities serving different population groups. The structures for consultative services have been loosely formed, with few full-time positions in existence. Most of the consultation which has occurred has been provided by individuals who hold other types of positions.

Several trends and circumstances motivated the development of the initial proposal to BEH to fund the consultation curriculum effort.

- Growing responsiveness of all systems in society to the needs and rights of special groups and precedents set by landmark court cases
- Deinstitutionalization and mainstreaming of special groups, with the corresponding increased demand for community-based programs and services
- The team approach to health care service delivery
- Medicare sanction of consultation services to patient activity programs in extended care facilities
- Financial constraints affecting personnel hiring and the search for alternative personnel utilization patterns
- Existence of therapeutic recreation specialist consultants serving large geographic areas and political jurisdictions
- The need for increased accountability in the provision of therapeutic recreation services in accordance with guidelines established by third-party (insurance) cost-reimbursement schemes
- The proliferation of federal and state legislation and standards which affect service delivery to special groups
- Increased visibility (and possibly greater numbers) of ill and disabled individuals
- Complexity of the matrix of support services and agencies

These trends and conditions call attention to the fact that competencies in programming, client evaluation and direct leadership and knowledge of client characteristics, among others, are no longer sufficient for successful delivery of therapeutic recreation services. Coping with change, translating mandates into action, moving through the maze of bureaucratic structures, affecting legislative

action, obtaining a fair share of extra-mural dollars, advocating the leisure needs of special groups—all require a professional orientation which is generally unobtainable within existing professional preparation programs.

The consultation training model is viewed as a complement and supplement to existing training structures. The knowledge and competencies (research, communications, grantsmanship, organizational development, education/training, legislation, etc.) will not only enable consultants to do their jobs more effectively, they will also enable grassroots personnel to perform at a higher level in their employment setting.

Consultation Models in Focus

The consultation curriculum development project is focusing upon four consultation service delivery models—employment settings within public and voluntary agencies and organizations serving a large geographic area or political jurisdiction. The constituents of these units may possess the full spectrum of disabling conditions and represent many age groups or they may comprise a specific disability group (physically disabled) or a specific age group (school-age children with varying disabilities or a specific disability, e.g., mental retardation).

This focus does not represent a negation of the value and need for consultants who are in private practice or who are members of a consulting firm. Within the broad category of consultants, these individuals have a definite place. Nor does the focus negate the value of personnel who serve their colleagues within an agency or organization in a consultant capacity. In-house expert, resource, and process capabilities have the potential for increasing the effectiveness and responsiveness of every service delivery system.

The future employment potential within the models of concern is large. Service delivery would be significantly enhanced if one state-level and one Cooperative Extension Service consultant were employed in each state. It is exciting to visualize a network of consultants serving agencies, organizations, and institutions at local, county, state and national levels.

(The surveys referred to in the following descriptions were conducted informally by the project staff in 1974. It is highly probably that more rigorous surveys conducted at the present time would reveal some changes.)

National Level

National level consultation may be provided by such organizations as the National Recreation and Park Association, National Easter Seal Society, President's Committee on Employment of the Handicapped (Committee on Recreation and Leisure), and similar agencies and organizations representing and/or providing service to handicapped individuals. Within the 10 agencies/organizations identified through survey as providing therapeutic recreation consultation/technical assistance services, varying levels of delivery, methods, and service areas were noted. Provision of information was the most frequent type of service; representation (advocacy) at all levels of government received the greatest allocation of time. Consultants in this model provided information, developed materials and equipment, handled public relations, conducted surveys, and undertook evaluations, among other tasks.

State Level

State level consultation may be provided by any of the state departments which serve ill and disabled individuals or by state affiliates of national organizations. Georgia and Virginia are examples of this level of service.

Three types of state-employed therapeutic recreation consultants were identified through survey:

- Full-time consultants whose responsibilities include, but are not limited to, therapeutic recreation consultation. The majority (in 1974) were employed with state departments of education. Most were concerned with physical education. Several were concerned with developmental disabilities. Few were specialists in therapeutic recreation.
- Part-time consultants, those having full-time (non-consultation) jobs providing some type of service to handicapped persons. These individuals usually consulted only with the disability group they served in their regular position. Therapeutic recreation consultation was provided upon request.
- Full-time therapeutic recreation consultants who usually consulted with one specific disability group.

Large City/Multi-County

Examples of this model are found in Cincinnati, Ohio (Recreation Commission) and Washington State (Bureau of Developmental Disabilities' regional teams). The 1974 survey sample was too small to accurately identify the prevalence of consultants in this model. From the respondents it was determined that this type provides consultation to units within their agency and outside their agency.

Cooperative Extension Service-University Affiliated

Only two Cooperative Extension Service units (Illinois and Missouri) employ a therapeutic recreation specialist who functions as a state consultant. The consultant in this model combines service and teaching responsiblities because the Extension unit is housed at a land-grant university.

> . . .The Cooperative Extension Service, with more than 3,000 offices throughout the nation, remains the only system with a statewide organization, national affiliation, and local support which is dedicated to the transfer and use of knowledge to solve problems. The system has great flexibility. The framework is in place for problem-solving education to be applied in a wide range of emerging new national, state, and local problems. (Extension Committee, 1974, pp. 1-2)

A Macroscopic Perspective

Consultants in these models neither function within nor are bound by a particular treatment or community setting. Rather, they are employed to assist leisure service delivery personnel and others in the human service delivery system provide responsive services to individuals with special needs. They work to achieve health as defined historically as the absence of disease and infirmity. They also work to achieve health as defined by the World Health Organization—"a state of complete physical, mental and social well-being."

They most frequently provide indirect service, with direct contact with service consumers the exception. The focus is upon service to the delivery system, which ultimately benefits the recipients of its services. In the therapeutic recreation service delivery system (as in most human service delivery systems),

> Consultation involves a kind of helping triangle: the consultant working with the consultee, but the main focus is on the consultee's client. The twin objectives of consultation are: (1) helping to deal with the immediate problem and (2) educating the consultee to be better able to deal in the future with such problems. (Klein, 1973, p. 9)

The consultant's allegiance is to the consumer—the people needing recreation services. In such a position, the consultant can assume a variety of roles and mobilize all energies and efforts to enhance the opportunities available to special groups. The consultant's macroscopic perspective permits him or her to assess problems and needs shared by personnel, institutions, agencies, and consumers within a large geographic area or political jurisdiction. At the same time, he or she can attempt to determine and understand the factors underlying the problems and take steps to ameliorate them.

The benefits of employing a consultant in the models previously discussed are many and varied. The consultant

- has access to information and human resources on a scale generally unobtainable by other personnel, which allows him or her to keep in touch with current information and materials and get them to constituents efficiently and without undue delay.
- is able to establish a cost-effective approach by meeting service needs through unified rather than fragmented action.
- is able to create visibility to further the mission of recreation service to persons with special needs and participate as a member of the larger human service delivery team.
- offers a point of reference on professional matters and works in conjunction with state society therapeutic recreation sections, NRPA regional offices, and NTRS headquarters staff and committees.
- senses trends and emerging problems and assists the therapeutic recreation profession to be proactive as well as reactive.
- can facilitate the mobilization and pooling of resources within his/her service area.
- can create an important link between community agencies and institutions and strengthen the bond between therapeutic recreation personnel and community recreation personnel—an affiliation which is frequently denied or unintentionally ignored.
- is in a position to assess manpower supply and demand, determine the tasks and functions of personnel, and provide the information to college and university faculty for curriculum development purposes.
- is able to establish an ongoing public education campaign as he or she moves in and out of many environments.
- is in a position to make recommendations to state, regional, and local conference planning units which reflect priority needs.
- can work toward coordinated, cooperative planning, service delivery, and problem solving in various sections of society.

Full-time therapeutic recreation consultants currently carryout these and other activities and have significantly contributed to the understanding and skills of therapeutic recreation personnel and members of related professions. As additional agencies and organizations tap the potential of the consultant, new vistas will become visible and new heights will be reached.

Scenarios: Service Delivery

The following scenarios illustrate four of the pressing service needs confronting recreation personnel serving persons with special needs in clinical and community delivery settings. Obviously, the scenarios simplify the circumstances and present only a few of the many options available to the consultant.

In no way is this dicussion meant to imply that agencies, institutions, and organizations lack the resources, staff capabilities, or imagination to do for themselves. There are many therapeutic recreation and community recreation personnel who have literally rung blood from a turnip—turned lead into gold. Confronted with obstacles and little support, grassroots personnel have developed viable, responsive, and innovative programs. . .have resisted resistance until change was achieved. . .and have left a positive and powerful imprint upon those for whom they work and those they serve.

Rather, these scenarios are presented to suggest ways in which a consultant may complement and supplement action by grassroots personnel and sustain the momentum created across the country and enhance the return on local investment of time, energy, and resources.

The consultant, as described herein, assists many programs and people but is bound to none; he or she can, therefore, be an objective trouble shooter and advocate. He or she has the resources and time to scout about for new ideas, new contacts, new settings for service delivery. The consultant can see the larger picture and bring this awareness to those who must narrow their focus to give the most to the individuals who need direct service. The consultant can wage some of the larger battles which confront the leisure service delivery system and, in particular, the therapeutic recreation profession.

Scenario I: Funding for Therapeutic Recreation in Clinical Settings

Requests for funding information are increasing. Clarice Farber knows that there is fierce competition for extramural support in all health care and helping professions. However, while other fields have access to funding programs specifically earmarked for them, therapeutic recreation options are less clear cut and identifiable. Frequently funding authorization for therapeutic recreation programs is buried in legislation seemingly unrelated to recreation; often complex interpretation of funding guidelines is necessary. Developing requests for support is a time-consuming process.

Farber knows from personal experience that therapeutic recreation personnel need assistance to ferret out the appropriate sections of legislation; they require training to develop the skills necessary for successful competition for public and private funds. Personnel occupied full-time with direct service have difficulty keeping abreast of the funding situation and, therefore, may be unable to take advantage of the opportunities available for securing support for their programs.

As a therapeutic recreation consultant with the Cooperative Extension Service at a land-grant university, Farber has several options for providing assistance to those interested in funding. She can meet the needs of her broad constituency by developing proposal writing guidelines, a bibliography of readings on grantsmanship, and a descriptive list of funding sources. She can

respond to each inquiry with information specific to the need and/or refer the writer to appropriate sources.

Group consultation is also possible by bringing together personnel in different parts of the state for skill-building in proposal writing and an exploration of public and private funding programs. On another level, Farber can become involved in budget preparation and legislative efforts within the state and advocate increased appropriations for recreation service delivery for individuals with special needs.

Scenario II: Recreation Needs of Deinstitutionalized Residents of Treatment Facilities

The mandate to return institutionalized individuals to community life has been problematical for institution staff, communities, and former residents. It has been noted that inadequate attention is being given to the recreation and leisure needs of those re-entering community life.

Joe Hernandez is employed as a therapeutic recreation consultant with a state department of human resources. He has undertaken a two-pronged program to facilitate the deinstitutionalization process. First, he has developed a brochure which presents a case study of a hypothetical community and the ways in which it mobilized local resources to assist the discharged persons. The brochure is being mailed to municipal recreation and park departments throughout the state. Second, he has arranged site visits to institutions to work out strategies to ease the transition process and make personnel aware of how they may assist community agencies to prepare for the arrival of those new to the community.

Hernandez has appeared with disabled persons on public service telecasts to explore the recreation and leisure needs of persons with special needs and educate viewers about the humanness which unites all people. The impact of these appearances is being heightened by Hernandez personally as he works with policy makers and government officials to effect change in the systems involved with the deinstitutionalization process.

Scenario III: In-Service Training for Therapeutic Recreation and Community Recreation Personnel

Rachel Walker receives continuing requests for in-service training sessions and materials from recreation personnel serving ill and disabled children and youth in a variety of settings. It is apparent to her that staff development is crucial to the improvement of service delivery.

Since her employment a year ago as a therapeutic recreation consultant for a tri-county region, she has urged administrators to commit themselves to staff development by allocating funds for in-house training sessions, sponsoring staff travel to training opportunities outside the immediate locale, and approving released time for staff to attend courses held during work hours. She has observed some positive results in a few agencies.

In addition to disseminating a quarterly bulletin of local, state, and national professional development opportunities, Walker has established a series of "train the trainer" workshops which are attended by one representative from a variety of youth-serving agencies and institutions. These recreation personnel are provided with materials and information to assist in improving programs and services. Frequently they build new skills and learn new techniques. And, when necessary, there is an opportunity to discuss common problems and share success stories. Participants in these workshops return to their employment settings to conduct in-house training sessions.

Scenario IV: Accessibility

As the recreation consultant for a large national organization representing the interests of physically disabled persons, Raymond Quincy has observed a general lack of accessibility in public, private, and commercial recreation facilities and areas. He finds them generally inhospitable environments for his constituents. Many requests from user groups have been received for assistance in alleviating the barriers and educating the public about existing standards and factors to consider in future planning efforts.

Qunicy has developed a slide presentation which illustrates common physical barriers to accessibility in areas and facilities such as parks, recreation centers, movie theaters, restaurants, stadia, and shopping malls, among others. The presentation also presents examples of good design and construction. The accompanying booklet includes references on planning and accessibility needs of the disabled, a list of architects who have demonstrated an understanding of and sensitivity to the problems caused by barriers, and case studies of communities which have been successful in removing certain types of barriers and initiating barrier-free planning and design for new facilities.

The side presentation is used as an awareness tool in Quincy's visits with public officials, architects and planners, consumer groups, and recreation and park departments. Copies of the slides and booklet are circulated without charge upon request.

Another facet of Quincy's campaign to promote barrier-free areas and facilities involves guest lectures in undergraduate and graduate courses for students in recreation and related human service professions. He occasionally offers workshops which focus upon accessibility and effecting change in community attitudes and planning strategies.

They Who Hesitate. . .

In a thought-provoking article, Seymour Gold (1975) discusses the delivery of leisure services and coping with change in relation to two phenomena: conventional wisdom and the "titanic effect" (a concept analyzed by Watt in *The Titanic Effect: Planning for the Unthinkable).*

According to Gold,

> Conventional wisdom focuses on projecting the past or seeking answers without asking the right questions and usually results in status quo, misdirected effort, and professionals or their organizations and institutions being part of the problem instead of the solution. The titanic effect focuses on the basic human tendency to ignore warnings about possible disasters as unthinkable and usually results in chaos, a waste of resources, or, at the very least, a personal feeling of frustration and futility about the way it is and will be without some constructive changes (p. 23).

Fortunately for humanity, the reverse may also be true: "the magnitude of disasters decreases to the extent that people believe they are possible and plan to prevent them or to minimize their effects." (p. 23) In the words of philosophers of the past: A stitch in time saves nine and an ounce of prevention is worth a pound of cure.

Gold has a suspicion that many leisure professionals have not anticipated dramatic changes which have taken place, possibly because they are not "seriously concerned with innovation in the delivery of leisure services." He bases his observation on the premise that:

> (1) the traditional approach to providing leisure services in cities is fast becoming irrelevant to human needs because it serves the objectives of suppliers better than users and (2) innovation is possible, needed, and will be supported if we have the professional guts and honesty to attempt it. (p. 23)

Gold echoes the thought of Gray and Greben (1974) presented earlier:

> The impact of women, racial or ethnic minorities, the disadvantages, the handicapped, and senior citizens on the recreation planning and decision process is still token when compared to their special needs and what is provided for others. It is paradoxical that a profession established to help those with the greatest social needs is losing sight of its beginnings in the provision of leisure services and facilities that do not adequately serve these needs. (p. 25)

Gold and Gray and Greben call for innovation and a changing perspective of appropriate ways of delivering recreation services. "Changing the nature of services and how they are actually delivered in order to meet evolving needs is as much a part of good [leisure service] delivery as the actual services themselves." (Taylor, 1973, p. 40)

A challenge to the therapeutic recreation movement is offered by Park (1976):

> We. . .need to address ourselves to the changes occurring in the world around us. We need to ask ourselves if through our current approaches and activities, we will be relevant or obsolete in the year 2000 or 2050. We need to look beyond the walls of the hospitals and institutions and we need to assess our relationship to society as a whole. (p. 10)

Since the creation of the Hospital Section of the American Recreation Society in 1948, therapeutic recreation has moved out of the confines of the hospital into larger and different environments. There are many philosophies which guide the provision of recreation services to persons with special needs. Rusalem (1973) presents an alternative to the prevailing treatment model. He suggests that the "therapy" approach holds the troubled individual as "out of harmony with his environment in one or more respects." His perspective—the ecological model—focuses upon environments as the troubled elements. He proposes that the therapeutic recreation profession concentrate upon making the society more humane which includes attention to civil and human rights, equal opportunity for recreation participation, more responsive government. Professional intervention into the environment will ultimately enable the exceptional individual to solve his or her problems.

The therapeutic recreation consultant is one individual who can intervene into the environment and help set it right. He or she can be a motivating force, a gadfly, an uneasy conscience within the leisure service delivery system. Planned change in the interest of those with special needs is the ever-present beacon which guides the consultant as he/she listens, converses, and assists. If, as Sessoms (1975) believes, "The uniqueness of the recreation and park profession lies not in its literature but in its social concern" (p. 30), the therapeutic recreation consultant must demonstrate this social concern in every endeavor and in every human contact. It is this individual who can help us remember that

> We must never lose sight of the very reason for our existence—to do everything possible to bring about the improvement and enhancement of recreation and leisure opportunities for special populations, not only because it justifies our existence, but because we firmly belive that it is a very vital and necessary part of life for the people we serve. (Park, 1974, p. 64)

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